Strategic and operational plan for coronavirus disease threat management

Advancing sustained, integrated coronavirus disease threat management: 2025-2030

DRAFT FOR PUBLIC COMMENT

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AT A GLANCE

World Health Organization

Strategic and operational plan for coronavirus disease threat management

Advancing sustained, integrated coronavirus disease threat management: 2025-2030

Context

Over five years since the detection of the first COVID-19 cases, SARS-CoV-2 continues to circulate globally, causing acute illness, hospitalization, and death, alongside prolonged negative impacts on individuals, health systems, and economies, including post-COVID-19 condition (PCC or Long COVID). While global population-level immunity has increased significantly through both infection and vaccination, the virus continues to evolve, challenging control efforts and underscoring the need for long-term, sustainable disease management. Confirming earlier warnings from MERS-CoV and SARS-CoV-1, SARS-CoV-2 has demonstrated the pandemic potential of coronaviruses, which remain one of the most consequential infectious disease threats of our time.

Purpose of the strategic and operational plan

This plan sets out WHO's strategic and operational framework to support Member States in **the sustained, integrated, evidence-based management of coronavirus disease threats**, including COVID-19, MERS, and potential novel coronavirus diseases of public health importance. It emphasizes the long-term, routine management of coronavirus diseases, embedded within national healthcare and health emergency systems and aligned with broader respiratory disease management strategies and the WHO Health Emergency Preparedness, Response and Resilience (HEPR) Framework.

The plan builds on and supersedes previous WHO strategic preparedness and response plans for COVID-19 and MERS. It is aligned with and advances WHO's 14th General Programme of Work (2025-28) and interlinks with other relevant strategic frameworks, including the Quadripartite One Health Joint Plan of Action and the Immunization Agenda 2030, among others, and the IHR Standing Recommendations for COVID-19.

Strategic objectives

The plan aims to support and guide Member States and the broader global health community to:

1. **Sustain** essential, evidence-based COVID-19 and other coronavirus disease threat management activities across core public health capabilities to reduce morbidity, mortality, and socio-economic disruption, right-sized to burden.
2. **Integrate** coronavirus disease threat management into broader disease prevention and control programmes and systems, across all levels (local, national, regional, global), in particular with other respiratory diseases, like influenza and respiratory syncytial virus (RSV).
3. **Enhance** core capabilities as outlined in the HEPR Framework to identify, prioritize, and address operational gaps in coronavirus disease threat management.
4. **Generate**, share, and apply evidence to close knowledge gaps and translate research and lessons learned into improved programmes, policies, and evidence-based guidance and control tools.

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Operationalizing the strategic objectives across core public health capabilities

The strategic objectives are operationalized across core public health capabilities, as organized under the five pillars of the WHO HEPR Framework:

Collaborative surveillance: Multi-source, multi-tiered surveillance systems for early detection, variant monitoring, and risk assessment of SARS-CoV-2, MERS-CoV, and novel coronaviruses, aligned with the One Health approach.

Community protection: Community-centred public health action empowering communities to make informed decisions that protect their health, including risk communication, community engagement, misinformation management, and context-driven population interventions.

Safe and scalable care: High-quality clinical management of patients with coronavirus diseases, including PCC, and other acute respiratory infections embedded within scalable clinical pathways and with infection prevention and control (IPC) standards across all levels of care.

Access to and delivery of countermeasures: Equitable, timely access to and uptake of safe and effective vaccines, diagnostics and therapeutics able to prevent, detect, characterize, and reduce the severity of coronavirus diseases.

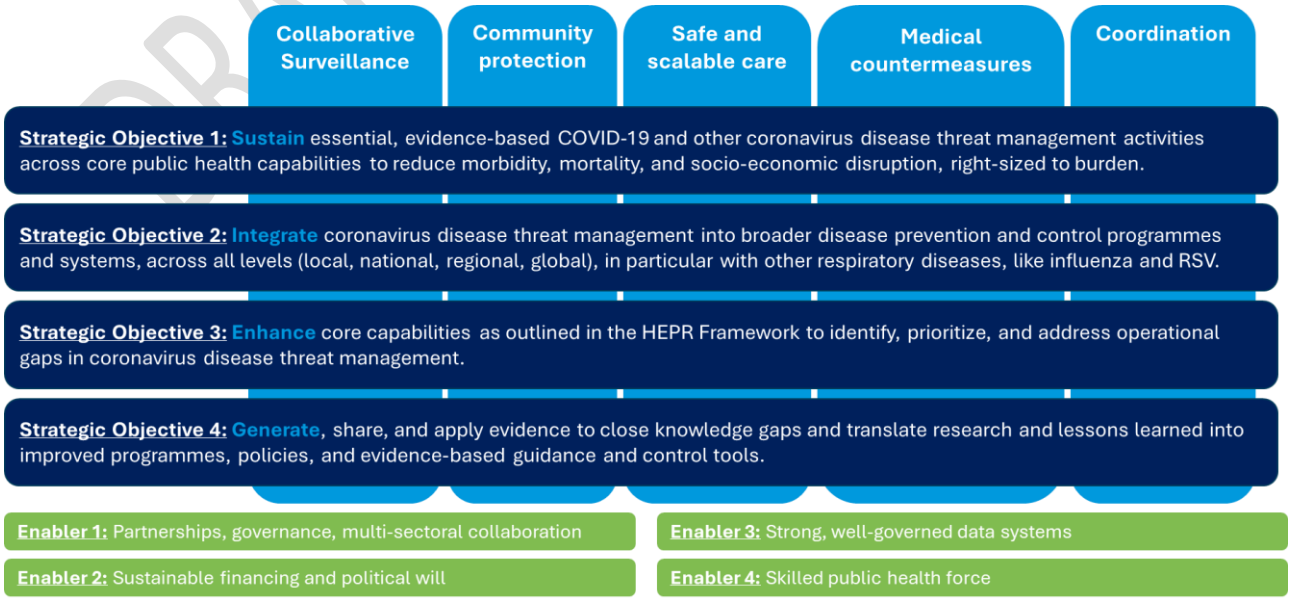
Coordination: National, regional, and global coordination mechanisms, networks, and partnerships enabling agile, multi-sectoral responses and information sharing relating to (re-)emerging coronavirus disease threats.

Implementation approach

Implementation of the plan will follow a flexible, risk-based, and Member State-driven approach, recognizing national contexts vary greatly and that Member States are at different stages of coronavirus disease threat management capacity development.

WHO will continue to convene and coordinate global stakeholders, relevant networks, and advisory groups, develop evidence-based guidance and policy recommendations, and provide tailored support to assist Member States in building and sustaining core capabilities, in collaboration with other key partners.

Figure E1. Operationalizing the strategic objectives across core public health capabilities


Collaborative Surveillance
Community protection
Safe and scalable care
Medical countermeasures
Coordination
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Strategic Objective 2: Integrate coronavirus disease threat management into broader disease prevention and control programmes and systems, across all levels (local, national, regional, global), in particular with other respiratory diseases, like influenza and RSV.
Strategic Objective 3: Enhance core capabilities as outlined in the HEPR Framework to identify, prioritize, and address operational gaps in coronavirus disease threat management.
Strategic Objective 4: Generate, share, and apply evidence to close knowledge gaps and translate research and lessons learned into improved programmes, policies, and evidence-based guidance and control tools.
Enabler 1: Partnerships, governance, multi-sectoral collaboration
Enabler 2: Sustainable financing and political will
Enabler 3: Strong, well-governed data systems
Enabler 4: Skilled public health force

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Foreword

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- **Headquarters:** Ayse ACMA; Amaia ARTAZCOZ GLARIA; Madhava BALAKRISHNAN; Ismail BASHIR; Sara BARRAGAN MONTES; Supriya BEZBARUAH; Diana CHANG BLANC; Janet DIAZ; Jeffrey GILBERT; Nina GOBAT; Rebecca GRANT; Joachim HOMBACH; Vicky HOUSSIERE; Sandra MACHIRI; Madison MOON; Thomas MORAN; Jun ORBINA; James Richard OTIENO; Elisabeth PLUUT; Kwang RIM; Jamie RYLANCE; Lorenzo SUBISSI; Ryoko TAKAHASHI; Alba VILAJELIU; Ninglan WANG; Annelies WILDER-SMITH; Brian YAU.
- **Regional offices:** Tara Rose AYNSLEY (EURO); Ashok BASNET (SEARO); Samuel CHONG (AFRO); Ana Paula COUTINHO REHSE (EURO); Paula COUTO (PAHO); Tanya ESCAMILLA (PAHO); Gyanendra GONGAL (SEARO); Lionel GRESH (PAHO); Peter Sousa HOEJSKOV (EURO); Md. Shafiqul HOSSAIN (WPRO); Victoria KATAWERA (WPRO); Jessica KAYAMORI LOPES (WPRO); Zhao LI (WPRO); Tamano MATSUI (WPRO); Karen NAHAPETYAN (EURO); Roberta PASTORE (EURO); Joanna SALVI LE GARREC (EURO); Nhu Nguyen TRAN MINH (EURO); Lieke VISSER (WPRO); Xiaojun WANG (WPRO); Marc Alain WIDDOWSON (EURO)

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WHO extends its sincere appreciation to all those who have contributed to the global response to COVID-19 since the beginning of the pandemic. This includes the countless public health workers, frontline responders, researchers, policy-makers, community leaders, and volunteers around the world who have worked tirelessly to prevent, detect, prepare for, and respond to COVID-19 and other emerging threats. Their dedication and service have saved lives and laid the foundation for stronger and more resilient health systems.

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Acronyms

Abbreviation	Description
CORC	Collaborative Open Research Consortium Initiative
COVID-19	Novel coronavirus disease 2019
CoViNet	WHO Coronavirus Network
EBS	Event-based surveillance
EMST	Emergency management support team
GCP	WHO Global COVID-19 and other Coronaviruses Programme
eGISRS	Expanded Global Influenza Surveillance and Response System
GISRS	Global Influenza Surveillance and Response System
GPW14	WHO General Programme of Work 14
HEPR	Health Emergency Preparedness, Response, and Resilience Framework
IA2030	Immunization Agenda 2030
IHR	International Health Regulations
IPC	Infection prevention & control
JEE	Joint External Evaluation
MCM	Medical countermeasures
M&E	Monitoring and evaluation
MERS	Middle East Respiratory Syndrome
NAPHS	National Action Plan for Health Security
PCC	Post-COVID-19 condition
PHC	Primary health care
PHEOC	Public health emergency operation center
PHSM	Public Health and Social Measures
PRET	WHO Preparedness and Resilience for Emerging Threats initiative
RCCE	Risk communication and community engagement
R&D	Research and development
RSV	Respiratory syncytial virus
SARS	Severe acute respiratory syndrome
SOP	Standard operating procedure
SPAR	State Party Self-Assessment Annual Reporting
WHO	World Health Organization
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Introduction

Context

Five years after the emergence of the first cases, COVID-19 continues to place considerable and often unrecognized burden on health systems globally. While the acute emergency phase has ended, SARS-CoV-2 still circulates widely, causing acute illness, hospitalization, and death, particularly among older adults and other vulnerable groups. Post-COVID-19 condition (PCC or Long COVID) compounds this burden, prolonging health impacts that affect both individuals and the systems that support them. The ongoing circulation of SARS-CoV-2 further enables it to continue evolving, permitting the emergence of new variants capable of evading existing immunity. This poses challenges to its effective control and management. As it becomes an endemically circulating respiratory disease, COVID-19 remains a persistent global health concern requiring sustained and comprehensive management, in line and integrated, where appropriate, with other respiratory disease management programs.

COVID-19 has been the latest demonstration of the potential of coronavirus diseases to cause consequential global public health emergencies. It follows earlier warnings from Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS), both of which underscored the epidemic and pandemic potential of the coronavirus family. SARS-CoV-1 emerged abruptly in 2002, spreading to over two dozen countries before being contained through intensive public health measures. As well, since its emergence in 2012, MERS-CoV has caused multiple outbreaks with high mortality rates and economic consequences, and concerns about it acquiring mutations that would allow for sustained human-to-human transmission remain. With their zoonotic reservoirs, capacity for rapid evolution, and potential to transmit between humans, coronaviruses have repeatedly proven capable of rapidly causing widespread illness, overwhelming health systems, and disrupting economies and societies worldwide. Coronaviruses remain one of the most consequential infectious disease threats of the present and future.

Recognizing the evolving burden of COVID-19 and the ongoing pandemic threat posed by coronaviruses, sustained, integrated approaches to coronavirus disease management are essential. Comprehensive management of coronavirus diseases requires moving beyond emergency response models to longer-term strategies embedded within and strengthening national healthcare and health emergency systems at all levels. It is essential for all Member States to maintain and further develop essential capabilities for coronavirus disease threat management, notably for collaborative surveillance, for equitably accessing and deploying medical countermeasures (MCMs), for protecting communities from infection and severe outcomes, and for the effective clinical management of diagnosed cases. As coronaviruses share key features, it is important these capabilities are designed to integrate across the viral family, while remaining adaptable to the specific epidemiological and clinical characteristics of each coronavirus disease.

Coronaviruses also share important characteristics with other respiratory pathogens, offering powerful opportunities to further increase programmatic efficiency through integrated management approaches. Member States are at different stages of incorporating COVID-19 into broader respiratory and other infectious disease management programmes, often alongside programmes for influenza and respiratory syncytial virus (RSV). Member States are integrating respiratory disease management in recognition of their shared modes of transmission, similar clinical impacts, and often overlapping high-risk populations. These commonalities support the consolidated implementation of core public health activities, including integrated surveillance platforms, harmonized risk communication, clinical management protocols, and public health and social measures, including joint vaccination strategies, among others. As health systems face

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increasingly constrained resources and a growing number of competing priorities, such integration is not only pragmatic but necessary.

WHO remains committed to supporting Member States in the management of COVID-19 and other coronavirus disease threats and its integration into broader respiratory and other infectious disease management approaches. WHO continues to provide evidence-based technical guidance, promote equitable access to and delivery of MCMs, facilitate and accelerate research and development (R&D) efforts, and support Member States in the development and maintenance of integrated surveillance, preparedness, prevention, and control systems. WHO further ensures that lessons learned and capacities built during the acute COVID-19 response are documented, institutionalized and leveraged to strengthen health systems, particularly in low- and middle-income settings. Through ongoing collaboration, investment, and innovation, WHO and its partners work to ensure country, regional, and global systems are better equipped to prevent, detect, and respond to the next coronavirus disease threat, wherever and whenever it may arise.

To support the sustained and integrated management of coronavirus disease threats, WHO is releasing the Strategic and Operational Plan for Coronavirus Disease Threat Management. This plan consolidates, builds on and succeeds previous response plans for COVID-19 and MERS and supports the implementation of the Standing Recommendations for COVID-19 under the International Health Regulations (IHR), as well as the implementation of the WHO Pandemic Agreement adopted by the World Health Assembly in May 2025. This plan aims to reflect the evolving nature of current coronavirus disease threats and their management, providing strategic direction to Member States for the prevention and control of COVID-19 and other coronaviruses diseases over the next five years (2025-2030).

Purpose of this document

The purpose of this strategic and operational plan is to guide and support Member States and partners in developing and implementing sustainable, comprehensive approaches to coronavirus disease threat management, including their integration into broader respiratory disease prevention and control programmes. The plan consolidates available published guidance from WHO to inform policy and programme development and implementation, investment, and coordination across all levels of health systems.

Specifically, this plan aims to support national public health authorities to:

- Define strategic objectives for sustained coronavirus disease prevention, preparedness, response, and recovery;
- Apply these objectives across core public health capabilities, aligned with WHO's Health Emergency Preparedness, Response, and Resilience (HEPR) Framework;
- Identify and prioritize key actions and investments to strengthen national and subnational public health systems to achieve the strategic objectives;
- Leverage lessons identified from the COVID-19 pandemic to inform more effective, equitable, and resilient management approaches and systems; and
- Coordinate efforts across sectors and partners through an aligned, programmatic approach to coronavirus disease threat management.

Target audience

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This strategic and operational plan is primarily intended for national health authorities responsible for the management of coronavirus disease threats. It also serves as a reference for WHO headquarters, regional, and country teams, multilateral agencies, donors, and other partners supporting Member States in integrated respiratory disease prevention and control.

Scope

This strategic and operational plan applies to all coronavirus diseases of public health importance, including notably COVID-19, MERS, and novel coronavirus disease (a coronavirus Disease X with confirmed or potential public health implications).

This plan outlines a comprehensive, integrated approach to coronavirus disease **threat management**, encompassing both **routine, programmatic activities** and **emergency functions**. It is designed to guide Member States in sustaining and strengthening essential services while also ensuring readiness to scale up activities to prevent, respond to, and recover from health emergencies caused by coronavirus diseases.

The plan underscores the need for interlinked and mutually reinforcing capabilities across the emergency–routine programme continuum. Robust systems for routine management should serve as platforms for rapid scale-up in crises. And conversely, emergency investments should be leveraged to strengthen routine capacities, recognizing the dynamic nature of coronavirus disease threats.

Document structure

This strategic and operational plan is designed to support Member States and partners in taking a coherent, action-oriented approach to managing coronavirus disease threats within broader respiratory disease prevention and control programmes. The document is structured as follows:

1. **Goal**

   The overarching goal of the plan articulates the long-term vision for coronavirus disease threat management. It provides the foundation upon which all other elements of the plan are built.

2. **Strategic objectives**

   These high-level objectives define what must be achieved to realize the overarching goal. They cut across all areas of public health action and establish the key priorities for national programmes and international cooperation. The objectives are intentionally broad, allowing for flexibility in their application while guiding the direction of efforts.

3. **Operational pillars (core public health capabilities)**

   Based on WHO's HEPR Framework, the five operational pillars represent the core capabilities required to manage coronavirus disease threats effectively: collaborative surveillance, community protection, safe and scalable care, access to and delivery of MCMs, and coordination. These pillars serve as the organizational backbone for the plan's implementation.

4. **Priority actions**

   Under each operational pillar, the document outlines specific priority actions that Member States and implementing partners can take to operationalize the strategic objectives. These actions are evidence-informed, adaptable to local contexts, and designed to address critical

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system gaps and opportunities for impact. They are pulled from existing available WHO technical guidance and standards.

5. **Cross-cutting enablers**

   The plan identifies a set of enabling conditions to ensure its effectiveness and sustainability in the context of broader national health priorities. These enablers cut across all operational pillars and strategic objectives and must ideally be in place to support successful implementation.

Together, these components provide a comprehensive approach that links strategic and operational planning to action and supports Member States in adapting and applying the plan based on their specific epidemiological, health system, and broader national contexts.

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Strategic objectives

The main aim of the current strategic and operational plan is to **enable the sustainable and comprehensive management of coronavirus disease threats, integrated with broader respiratory and other infectious disease prevention and control programmes** in all Member States. This aim will be achieved through the strategic objectives described below, presented at a general level in this section. Each strategic objective is to be applied to each core public health capability, as elaborated in the "Operationalizing the strategic objectives across core public health capabilities" section.

The Strategic and Operational Plan for Coronavirus Disease Threat Management is aligned with and advances WHO's 14th General Programme of Work (2025-28) (GPW14) and a number of other strategic frameworks, as described in the "Interlinkages with other strategic documents" section. WHO's contribution to achieving the strategic objectives is briefly noted here and further detailed in the "Implementation approach" section.

Strategic Objective 1: ***Sustain*** *essential, evidence-based COVID-19 and other coronavirus disease threat management activities across core public health capabilities to reduce morbidity, mortality, and socio-economic disruption, right-sized to burden*

Sustaining essential coronavirus disease threat management capabilities is critical to avoiding preventable illness and health system strain, even as disease patterns evolve. These capabilities, including surveillance, clinical care, vaccination, risk communication, and laboratory capacity, among others, must be maintained at levels proportionate to risk and tailored to national and regional contexts. This requires institutionalizing these capabilities into routine public health systems while retaining the flexibility to scale them up during emergencies.

Member States need to define and finance an appropriate level of coronavirus disease threat management as part of broader public health systems, ensuring the continued delivery of core capabilities even in periods of low transmission. WHO supports this by providing normative guidance, technical assistance, risk assessments and tools to help Member States assess, maintain, and adapt essential capabilities.

Strategic Objective 2: ***Integrate*** *coronavirus disease threat management into broader disease prevention and control programmes and systems, across all levels (local, national, regional, global), in particular with other respiratory diseases, like influenza and respiratory syncytial virus (RSV)*

Given shared modes of transmission, symptomology, groups at risk of severe outcomes, available multiplex diagnostics, and prevention and response measures, integrating coronavirus disease threat management into broader respiratory disease strategies increases programme efficiency, sustainability, and resilience, as outlined in WHO's Preparedness and Resilience for Emerging Threats (PRET) initiative. This approach reduces programmatic siloes and supports joint surveillance platforms, integrated service delivery, and a life-course immunization approach, among other key integration points.

Member States should, wherever possible and feasible, work to embed coronavirus disease threat management into their broader respiratory disease, primary care, and health emergency systems.

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WHO facilitates this by providing integrated planning tools, normative guidance, and tailored technical support to facilitate effective integration, where relevant.

Strategic Objective 3: ***Enhance*** *core capabilities as outlined in the HEPR Framework to identify, prioritize, and address operational gaps in coronavirus disease threat management*

Strong and resilient public health systems must be capable of continuously identifying and addressing the gaps that allow coronavirus disease threats to persist and re-emerge. This includes strengthening core public health capabilities to ensure that programmes are prepared to adapt to shifting epidemiology. Persistent circulation of SARS-CoV-2 and ongoing MERS-CoV outbreaks highlight that key coronavirus disease threat management capabilities remain a priority. Improving these core capabilities is essential to reducing the risk of repeated waves of illness, health system strain, and preventable severe disease and death.

Member States must regularly assess and close capacity gaps in coronavirus disease threat management using structured approaches, real-time data, and operational reviews. WHO provides support to do so through Joint External Evaluations, intra-action reviews, operational readiness assessments, and targeted technical assistance.

Strategic Objective 4: ***Generate****, share, and apply evidence to close knowledge gaps and translate research and lessons learned into improved programmes, policies, and evidence-based guidance and control tools*

Robust and timely evidence is essential for developing effective policies, informing and right-sizing public health interventions, and prioritizing resource allocation for coronavirus disease threat management. This includes high-quality virologic, genetic, clinical, and epidemiologic evidence, as well as real-world programme evaluation and operational research data. Evidence and investment are further required to support R&D for next-generation vaccines, diagnostics, and therapeutics, including those with transmission-blocking potential.

Member States should establish systems for evidence generation, transparent sharing, and effective translation into decision-making, participate in global research networks, and align efforts with WHO-endorsed R&D priorities. WHO supports this by offering technical guidance on translating evidence to action, issuing Target Product Profiles, managing networks like the Global Influenza Surveillance and Response System (GISRS) and the WHO Coronavirus Network (CoViNet), and coordinating global research agendas through the WHO R&D Blueprint for Epidemics and the Collaborative Open Research Consortium (CORC) Initiative.

Call-out box: Leveraging lessons from COVID-19

The COVID-19 pandemic has yielded a wealth of insights on what enables, and impedes, effective disease threat management. While the specific experiences and lessons identified vary across countries and contexts, they represent an essential resource for strengthening public health systems and disease threat management approaches moving forward. Many of these lessons have been captured in recent years through retrospective 'lessons learned' activities conducted at country, regional, and global levels. As a result, specific lessons learned are not detailed. These lessons have informed the development of this longer term plan.

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Member States are encouraged to continue to systematically identify, document, and reflect on lessons from their COVID-19 responses, in particular those related to the core pillars of the HEPR framework. Member States should use these reflections to inform updates to policies, programmes, and operational plans to strengthen routine and emergency disease threat management capabilities, in particular those for coronavirus and other respiratory diseases.

WHO continues to synthesize emerging lessons and best practices to support Member States in applying context-appropriate improvements. This includes promoting flexible, adaptable frameworks that allow countries to tailor coronavirus disease threat management to their evolving needs while building on their COVID-19 response experiences. Several global-level summative learnings resources are included for reference.

The aim is not to replicate past approaches, but to build on and improve them, ensuring that the hard-won experience of the COVID-19 pandemic translates into stronger, more resilient public health systems worldwide.

More resources:

- Learnings from COVID-19 for future respiratory pathogen pandemic preparedness: a summary of the literature
- Drawing light from the pandemic: A new strategy for health and sustainable development
- End-to-end integration of SARS-CoV-2 and influenza sentinel surveillance: compendium of country approaches
- Deliver, Together: partnerships to deliver vaccines in a pandemic — learning from COVID-19 vaccine delivery
- The COVID-19 Vaccination Response: Country experiences, best practices, and lessons

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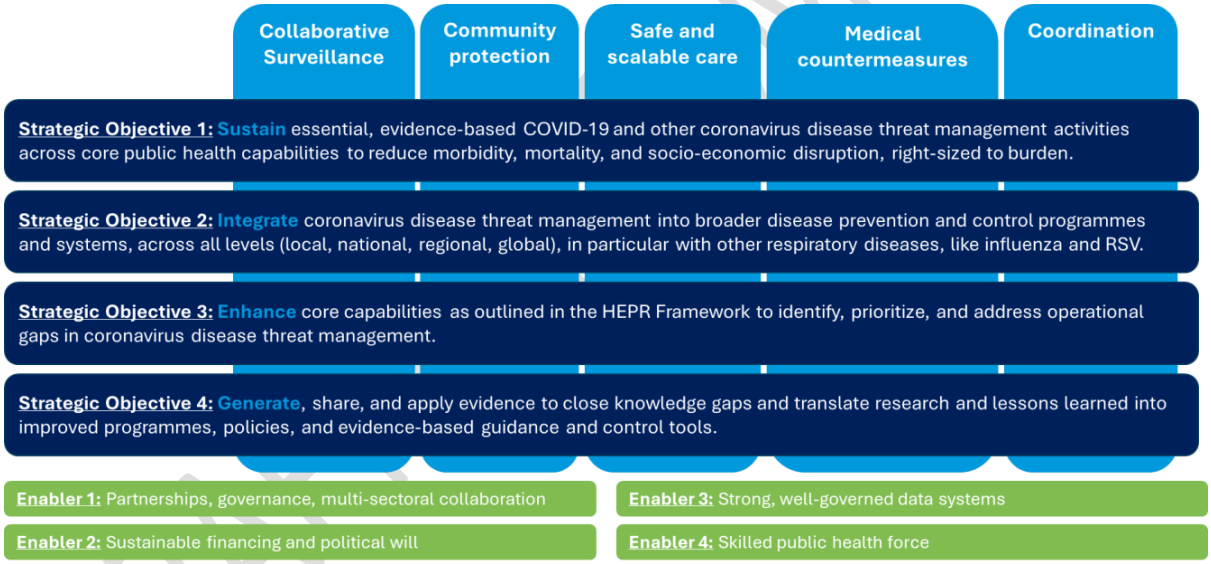
Operationalizing the strategic objectives across core public health capabilities

The strategic objectives of this plan are to be operationalized across core public health capabilities, aligned under the pillars of WHO's HEPR Framework, in support of achieving the overall goal. The HEPR Framework defines five core pillars: Collaborative Surveillance, Community Protection, Safe and Scalable Care, Access to and Delivery of Countermeasures, and Coordination, which serve as the organizing structure for the implementation of this plan.

The core public health capabilities represented by these pillars form the backbone of effective coronavirus disease threat management programmes. Looking across core public health capabilities ensures that programmes are comprehensive.

For each core public health capability, several priority actions are defined. While the strategic objectives should be applied holistically to each capability, the priority actions below serve to guide Member States in identifying and addressing critical gaps, prioritizing investments, and ensuring coherent, integrated approaches to coronavirus disease threat management across all levels of the health system. For readability, relevant, published WHO guidance is included as a box beneath each priority action.

Figure 1: Operationalizing the strategic objectives across core public health capabilities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Enabler 1: Partnerships, governance, multi-sectoral collaboration
Enabler 2: Sustainable financing and political will
Enabler 3: Strong, well-governed data systems
Enabler 4: Skilled public health force

C1. Collaborative surveillance

C1.1 Strengthen integrated core surveillance and testing systems and strategies for coronaviruses

Develop and sustain national core surveillance and testing strategies and systems for SARS-CoV-2 and MERS-CoV, embedded within broader respiratory surveillance platforms and aligned with their current epidemiological profiles. These strategies and systems should support continuous monitoring of disease trends and variant circulation, and where feasible, enable estimation of disease burden and evaluation of intervention effectiveness (e.g., vaccination, public health and social measures (PHSM)). Core surveillance systems should:

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- Integrate SARS-CoV-2 and MERS-CoV (where relevant) into national surveillance structures, such as Integrated Disease Surveillance and Response, event- or case-based systems, and respiratory sentinel platforms, with strong virological and epidemiological linkages;
- Maintain genomic surveillance capacity within integrated virological surveillance systems, ensuring timely detection and phenotypic assessment of variants; and,
- Participate actively in regional and global surveillance networks, particularly expanded GISRS (eGISRS) and CoViNet, and share data with global publicly accessible genomic surveillance databases, like GISAID and Genebank, among others, to contribute data and benefit from global analyses on virus circulation, evolution, and risk assessment.

Countries should further remain prepared to rapidly expand testing in the event of surges caused by new SARS-CoV-2 variants or (re-)emerging coronaviruses of public health concern that may strain health system capacities.

WHO's COVID-19 Surveillance Policy Brief, Implementing the integrated sentinel surveillance of influenza and other respiratory viruses of epidemic and pandemic potential by GISRS guidance document, and other resources from eGISRS and CoViNet provide standards for integrated, multi-pathogen respiratory surveillance, including laboratory-based virological surveillance and genomic sequencing. These frameworks can help Member States align national surveillance with international recommendations and support continuous risk assessment.

C1.2 Use multiple complementary surveillance systems

Implement a comprehensive set of surveillance methods to complement core surveillance of SARS-CoV-2, MERS-CoV and novel coronaviruses with public health significance, supporting broader public health objectives using a One Health approach. The Mosaic Framework for Respiratory Disease Surveillance provides a structured approach to achieve this by integrating multiple surveillance systems, including sentinel, laboratory, and syndromic surveillance, tailored to national capacities, needs, and epidemiological contexts. Comprehensive complementary surveillance in addition to core surveillance can support early detection of novel coronaviruses and emerging variants of known coronaviruses, early warning of case surges, assessment of disease burden and evaluation of the impact of the interventions, such as vaccination and PHSM.

Complementary surveillance systems can include:

- Event-based surveillance (EBS) within communities and health care facilities to detect unusual events or outbreaks;
- Strengthened sentinel surveillance to monitor seasonality, assess disease severity and evaluate the effectiveness of interventions, such as vaccination;
- Virological surveillance to support genomic and antigenic characterization;
- Genomic surveillance and antigenic characterization efforts to monitor virus evolution, ensure diagnostic accuracy, and inform updates to vaccine composition;
- Wastewater and environmental surveillance providing early signals of increased pathogen circulation and supporting a multipathogen approach;
- Serosurveillance monitoring to measure population level immunity to guide vaccination strategies and understand immunity waning over time; and,

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- Innovative systems such as participatory, digitally-enabled, and open source surveillance for enhanced community engagement and situational awareness beyond traditional healthcare-based systems

WHO's Mosaic Respiratory Surveillance Framework, Unity study protocols, and related global influenza and COVID-19 surveillance guidance offer methods to harmonize sentinel, event-based, syndromic, and wastewater surveillance systems. These references provide clear pathways for Member States to diversify surveillance approaches and integrate them with routine disease monitoring and pandemic preparedness.

C1.3 Strengthen multisectoral coronavirus surveillance platforms to support preparedness, routine management, and response at national, regional, and global levels

Strengthen formal collaboration mechanisms between relevant sectors that captures the human-animal-environment interface to strengthen the use of a One Health approach for the surveillance of coronaviruses. These mechanisms should facilitate rapid exchange of data and information, as well as joint investigations across sectors, enabling timely risk assessment and quick public health action. Efforts should align with the IHR (2005), the WHO Pandemic Agreement Articles 4 and 5, Quadripartite Joint Plan of Action, and regional strategies while actively engaging in regional and global surveillance initiatives and networks.

In addition, multisectoral collaboration should support the generation and application of evidence by integrating diverse data sources, joint risk assessment and response, operational research, and translating findings into improved public health programmes and policies, as described below. Partnerships with academia, research institutions and the private sector should be leveraged to address knowledge gaps through enhanced epidemiological studies, innovation in surveillance tools, and real-time data and analytics.

The Quadripartite One Health Joint Plan of Action, IHR (2005) Monitoring and Evaluation Framework, the Tripartite Zoonoses Guide and associated tools, and the WHO Pandemic Agreement (2025) support multisector collaboration and integration of human, animal, and environment data systems. These references help Member States coordinate data-sharing, risk assessment, and joint investigations to strengthen surveillance capacities for coronavirus disease threats.

C2. Community protection

C2.1 Increase trust through consistent, strategic risk communication, community engagement (RCCE) and management of misinformation

Clear, consistent, and evidence-based communication is essential for building and sustaining public understanding and trust in coronavirus disease threat management. Countries should adopt proactive and transparent messaging about disease risks, the benefits and safety of interventions (including vaccines, PHSM, and care), and the rationale for public health guidance. Communication should be data- and behavioral insight-driven, adapted to local contexts, targeted to different audiences and their concerns, and transparent about uncertainties, sharing what is known, what is unknown, and what is being done to learn more.

Alongside this, countries should establish or strengthen systems to identify and counter harmful misinformation through infodemic management. Meaningful, regular two-way engagement with communities, including participatory dialogue and community feedback mechanisms, is critical to foster ownership and trust. Countries should prioritize co-developing solutions with communities

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and local actors, ensuring that interventions reflect local values, needs, and knowledge and are supported by those they aim to serve. Investing in partnerships with trusted messengers, civil society, media, and digital platforms is also vital to promote informed decision-making.

WHO provides guidance through its COVID-19 RCCE-IM policy brief, associated technical guidance, and the Engaging with communities in health emergencies guidance document, which together outline best practices for data-driven, transparent, and participatory communication. Additional resources, including the WHO Infodemic Management Course Series, are also available.

C2.2 Develop local capacities for early detection and response to unusual public health events related to coronavirus disease threats

Communities are often the first to observe unusual health events, including zoonotic disease outbreaks like SARS-CoV-2 and MERS-CoV. Strengthening community-level capacities for early detection and reporting is critical. This includes training community health workers, volunteers, and local actors to recognize, report, and respond to signals of novel or re-emerging coronavirus disease threats, supported by culturally relevant community case definitions and participatory tools.

Collaboration across human health, animal health, and environmental services, supported by One Health platforms, is key to identifying and containing zoonotic spillovers before they escalate. Communities living in border regions or areas with strong cross-border ties should be integrated into surveillance and preparedness plans, including through cross-border community engagement, joint exercises, and data-sharing initiatives.

WHO recommends strengthening community surveillance and engagement using community event-based surveillance, participatory approaches, and One Health risk communication frameworks to ensure that early warning and rapid response systems are robust and inclusive.

WHO's One Health Joint Plan of Action, IHR (2005) core capacities framework, and technical guidance from IFRC on community event-based surveillance provide standards for strengthening community-level early warning, risk detection, and response, as well as for fostering multisectoral collaboration to address zoonotic and other emerging threats.

C2.3 Ensure effective implementation of appropriate population and environmental interventions for coronavirus disease threats

Population and environmental interventions, both medical (such as vaccination) and non-medical (such as improved indoor ventilation), play a critical role in community protection from coronavirus disease threats. Vaccination efforts should focus on achieving and maintaining high uptake in high priority-use groups, including older adults and people with underlying conditions, based on the latest WHO recommendations. This includes ensuring access to both initial and periodic re-vaccination to maintain protection against severe disease, especially in the context of waning immunity and evolving variants.

Countries should apply evidence-based, behaviorally informed strategies to promote vaccination uptake, using local data on behavioral and social drivers to tailor outreach and delivery approaches. Trusted messengers, improved ease of and equity in access, and strengthened confidence among health and care workers in recommending vaccines are key elements.

Beyond vaccination, gatherings of any size and type (religious, sporting, political, cultural) continue to pose risks for infectious disease amplification. Member States should apply a risk-based

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approach to planning and monitoring such events, including all-hazards risk assessments and implementing mitigation and robust risk communication measures.

Preparedness for future coronavirus disease outbreaks should also address the timely and balanced use of PHSM, recognizing their critical role in reducing disease transmission, hospitalizations, and deaths. Anticipating and managing secondary consequences of PHSM, such as economic disruption or impacts on education, is essential to ensure they are implemented in a fair, proportionate, and equitable way.

WHO provides detailed normative guidance through the WHO SAGE Roadmap for prioritizing uses of COVID-19 vaccines, the Behavioral and Social Drivers (BeSD) of Vaccination Framework, and operational tools outlined in the COVID-19 RCCE-IM policy brief. Together with WHO's guidance on mass gathering risk assessments, PHSM policy tools, and the WHO social protection considerations during emergencies, these references support Member States in balancing pharmaceutical (e.g. vaccination) and non-pharmaceutical interventions, applying a risk-based and equitable approach to gatherings and community-level measures.

C3. Safe and scalable Care

C3.1 Integrate coronavirus disease-related case identification and clinical care pathways into primary health care systems, with attention to populations with limited access to care and those at highest risk of severe disease

Sustainable access to quality clinical care for COVID-19 and other coronavirus diseases requires that care pathways be embedded within resilient primary health care (PHC) systems. Care protocols should be adapted to country contexts and regularly updated in line with evolving clinical evidence. Special attention should be given to ensuring equitable access for high-risk populations, such as older adults and those with comorbidities or in fragile settings.

Access to quality care further depends on quick diagnosis. It is important to maintain laboratory capabilities for timely case identification, allowing patients to be efficiently linked to appropriate care pathways. Member States are encouraged to integrate coronavirus testing into respiratory surveillance platforms, including influenza-like illness and severe acute respiratory infections (SARI) testing programmes, and to align testing strategies with the most recent WHO guidance on SARS-CoV-2, MERS-CoV, and novel coronaviruses, including recommendations on diagnostic platforms, laboratory workflows, and genomic sequencing.

WHO's COVID-19 Clinical Management and COVID-19 Testing Policy Briefs, clinical guidelines for COVID-19 management and MERS management, guidance on Laboratory testing for MERS-CoV, and Primary Health Care Operational Framework offer practical tools to embed coronavirus disease management into PHC. These documents guide Member States in aligning care pathways, referral systems, and case identification with essential PHC services.

C3.2 Provide access to evidence-based follow-up care to detect post-COVID-19 condition (PCC, also known as Long COVID)

Many individuals continue to experience health issues long after acute SARS-CoV-2 infection. Health systems must recognize, diagnose, and support people with PCC through integrated care models, including PHC. This includes building capacity for early identification, referral, and multidisciplinary care, while minimizing stigma.

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WHO has developed a clinical case definition for post-COVID-19 condition and provides guidance through its living clinical guidelines on COVID-19 management, which include recommendations for rehabilitation and follow-up care. These resources can support Member States in strengthening PCC service planning and integration within routine health systems.

C3.3 Maintain outbreak readiness and response capacities for both clinical management and infection prevention and control (IPC)

SARI outbreaks, including those caused by coronavirus diseases, demand that clinical care systems be prepared for rapid surge response. This includes maintaining readiness of critical care and triage infrastructure, ensuring adequate stocks of essential supplies (including personal protective equipment), and training the health workforce. Infection prevention and control (IPC) capacities should be maintained throughout the clinical pathway and in all care settings through standardized protocols, continuous staff training, administrative and engineering controls, and personal protective measures. These include the appropriate and context-specific use of PPE, such as medical masks, respirators, gowns, gloves, and eye protection, based on transmission risk and care setting.

Member States are encouraged to maintain and monitor strong IPC practices in health-care facilities to reduce the burden of health care-associated and occupational infections, with particular emphasis on patient screening, facility infrastructure and ventilation, appropriate PPE use and supply chain management, and the detection and management of outbreaks. These efforts should align with the latest WHO guidance on IPC for COVID-19 and broader IPC standards, as well as the IHR (2005) core capacity requirements.

WHO's Infection Prevention and Control Guideline in the context of COVID-19, related Policy Brief, HEPR Framework, and related outbreak readiness tools provide countries with standards for critical care surge capacity, IPC measures, and readiness plans for rapid response to coronavirus disease events.

C4. Access to and delivery of medical Countermeasures

C4.1 Integrate coronavirus disease-related countermeasures into existing delivery platforms, including primary health care, for both routine and surge use

Delivering safe, effective and quality-assured MCMs through routine health service delivery systems ensures sustainability and equity while allowing rapid scale-up during outbreaks. Member States should aim to institutionalize access to and delivery of safe, effective and quality-assured vaccines, diagnostics, and therapeutics within primary care and other relevant services, ensuring that delivery platforms are adapted to meet the needs of high-priority populations. This integration should include governance and funding mechanisms, supply chain plans, clinical care protocols, information systems, and health workforce training programmes.

Where appropriate, COVID-19 vaccination should be integrated into routine immunization programmes as part of PHC services and co-administered with other recommended vaccines based on national immunization schedules as informed by WHO SAGE recommendations, such as those for seasonal influenza, RSV, and others, to improve quality of services and programme efficiency. Strengthening delivery platforms for high-risk groups through routine services can also reinforce broader adult immunization and pandemic preparedness capacities.

During periods of elevated transmission or emergence of new threats, these same systems should be leveraged for timely scale-up of delivery, guided by risk assessments. WHO provides tools such

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as the COVID-19 vaccine delivery toolkit, COVID-19 clinical care pathway materials, and updated treatment guidelines to support integration.

WHO provides recommendations on prioritizing COVID-19 vaccination for high-risk populations and co-administration strategies through the SAGE Roadmap for COVID-19 Vaccine Prioritization, COVID-19 Vaccination Policy Brief, and guidance on COVID-19 vaccination integration into immunization programmes and primary health care.

C4.2 Continue and improve post-introduction monitoring to track implementation progress, product safety, effectiveness, and learnings, interlinked with surveillance systems

Post-introduction monitoring is critical for evaluating the real-world performance of coronavirus disease countermeasures. Member States should establish or strengthen systems to monitor vaccine and therapeutic safety (pharmacovigilance), effectiveness (e.g., through observational studies), and coverage across priority-use groups. These systems should be interoperable with disease surveillance structures and designed to capture disaggregated data to support equity analyses.

Where possible, countries should participate in global post-introduction monitoring initiatives and use WHO resources, including the COVID-19 vaccine effectiveness evaluation guidance, manual on vaccine safety monitoring, and guidance on coverage estimation and reporting. Member States should also continue to report COVID-19 vaccination data as part of regional and global vaccination data collection mechanisms, notably the annual WHO-UNICEF electronic Joint Reporting Form on Immunization. WHO will continue to provide technical support and capacity building to improve data quality, analysis and the programmatic use of findings, as well as facilitate collective learning and peer-sharing opportunities for Member States.

WHO's interim guidance on monitoring COVID-19 vaccination, the guidance on measuring COVID-19 vaccine effectiveness, and the COVID-19 vaccine safety surveillance manual support Member States in implementing post-introduction monitoring, including recommended indicators, reporting systems, and methods to generate quality data for continuous programme improvement.

C4.3 Accelerate research related to and development of novel and improved vaccines, diagnostics, and therapeutics

Continue to invest in and support R&D efforts aimed at producing next-generation coronavirus disease countermeasures, including vaccines, diagnostics, and therapeutics. Priority should be given to tools with attributes that address current limitations, such as vaccines that reduce transmission, offer broader and more durable protection, compliant with programmatic suitability for prequalification[1] and improve equity, e.g. because they are easier to deliver and store in diverse settings, while maintaining the high levels of protections of against severe disease and death provided by current COVID-19 vaccines.

This can include:

- Funding or facilitating research partnerships across public, academic, and private sectors to drive innovation targeting coronavirus disease threats;

[1] Assessing the programmatic suitability of vaccine candidates for WHO prequalification: https://apps.who.int/iris/bitstream/handle/10665/148168/WHO_IVB_14.10_eng.pdf

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- Participating in and contributing to global R&D coordination platforms and applying WHO guidance, such as target product profiles and vaccine composition recommendations, to ensure alignment with public health needs.

Where strong national R&D ecosystems exist, efforts should be directed to accelerate coronavirus-specific innovation within these structures. In countries with limited R&D capacity, collaboration with regional and global initiatives and partners can help strengthen research infrastructure and ensure equitable access to emerging tools.

WHO's CORC for coronaviruses is coordinating the development of a coronavirus R&D Roadmap to identify research gaps and priorities, while Target Product Profiles for COVID-19 vaccines and other countermeasures guide countries in aligning their national R&D efforts with global priorities and ensuring equitable access to future tools.

C5. Coordination

C5.1 Incorporate coronavirus disease threats into broader disease management frameworks and plans, in particular those targeting respiratory diseases

Ensure that national and subnational public health threat management plans fully incorporate coronavirus disease threats within broader disease management frameworks and plans, adopting a mode of transmission approach consistent with WHO's PRET initiative. This should include both routine, programmatic management frameworks and plans, as well as those aimed at potential epidemics / pandemics.

This can include:

- Aligning national coronavirus disease threat management strategic objectives with those of other respiratory pathogen management programmes, ensuring flexibility for (re-) emerging threats and while maintaining coronavirus-specific needs, as well;
- Developing adaptable, pathogen-agnostic management approaches and protocols across multiple respiratory pathogens, reducing operational complexity and improving programmatic efficiency.

Where countries have broader routine, programmatic and emergency public health coordination frameworks, coronavirus disease management should be fully integrated into these plans. For countries that do not, platforms developed during the acute COVID-19 response can be leveraged as a foundation for further comprehensive respiratory disease management planning.

WHO's PRET Initiative and associated tools and the HEPR Framework provide technical guidance for embedding coronavirus disease management within broader respiratory disease programmes and preparedness strategies, promoting an all-hazards approach.

C5.2 Strengthen routine and emergency coordination mechanisms for sustained coronavirus disease threat management, following a multisectoral, One Health approach

Institutionalize national and subnational coordination mechanisms for coronavirus disease threat management, including both routine, programmatic and emergency processes and platforms. Depending on national context, this could include integrating coronavirus disease management into broader public health coordination structures, or it could mean maintaining and expanding on the COVID-19-specific platforms developed during the acute phase of the pandemic.

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In all cases, such mechanisms should foster multisectoral collaboration, including between public health, veterinary, environmental, and agricultural sectors, among others, adopting a One Health approach. Where available, Public Health Emergency Operations Centres (PHEOCs) should serve as a core operational structure for coordination during health emergencies, with clearly defined governance, information flow, and decision-making protocols, and should be adapted to support sustained threat management in non-emergency contexts.

Coordination mechanisms may include:

- **Decision-making structures (committees, fora, etc):** Defined leadership and governance processes to streamline decision-making during routine operations and emergency escalations.
- **Standard operating procedures (SOPs) and other operational protocols:** Pre-defined processes for coordinating public health activities and responses, including triggers for escalation, resource allocation, and stakeholder engagement, as well as protocols for integrating new data and evidence into decision-making.
- **Information sharing channels (dashboards, bulletins, etc.):** Channels for rapid information exchange across implicated sectors (e.g., health, agriculture, transport, military) and levels (local, national, regional, global).

WHO supports countries through normative guidance in its HEPR Framework, One Health Joint Plan of Action, Tripartite Zoonoses Guide and associated tools, and the PHEOC-related guidance, which together provide models for effective multisectoral committees, coordination platforms, and public health operations.

C5.3 Promote regional, cross-border, and global coordination

Strengthen regional, cross-border, and global collaboration to improve early detection, joint risk assessment, and coordinated response to coronavirus disease threats. This should include both routine, programmatic, and emergency coordination, aligned with broader respiratory disease management frameworks, where they exist, or building on COVID-19-specific platforms where they do not.

Coordination efforts should also support Member States in strengthening core capacities under the International Health Regulations (IHR 2005), leveraging existing assessment and planning mechanisms such as the Joint External Evaluation (JEE), State Party Self-Assessment Annual Reporting (SPAR), National Action Plans for Health Security (NAPHS), and the Universal Health and Preparedness Review processes.

This can include:

- **Harmonized national, regional, and global preparedness plans:** Aligning national coronavirus disease management strategies with regional and global frameworks, including those informed by JEE, SPAR, and NAPHS, to ensure consistent, coordinated approaches.
- **Cross-border and multinational information sharing:** Establishing or strengthening mechanisms for real-time data exchange, joint risk assessment, and coordinated decision-making across borders.

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- **Joint capacity building, programme reviews, and simulation exercises:** Conducting regular joint training, cross-border exercises, and scenario planning to strengthen regional and global capacities to manage coronavirus disease threats.

WHO's IHR (2005), regional preparedness strategies, and cross-border frameworks support joint risk assessments, information sharing, and harmonized preparedness and response planning. These tools help Member States ensure consistency and interoperability across borders and regions.

Cross-cutting enablers

The successful implementation of the strategic objectives in support of the overall aim depends on a set of foundational enablers that create the conditions for sustained, effective, and equitable coronavirus disease threat management programming. These enablers allow for the smooth operationalization of the plan, across all core public health capabilities.

Enabler 1: Sustained, inclusive partnerships and stakeholder engagement across sectors and health system levels

Partnerships are essential to achieving a coordinated, whole-of-society approach to coronavirus disease threat management. Sustained and inclusive engagement across sectors, governmental and non-governmental, public and private, ensures alignment of efforts and avoids fragmentation. Building on the collaborative platforms, some developed during the COVID-19 response, countries should strengthen mechanisms for multisectoral coordination and ensure communities, civil society, and affected populations are meaningfully involved in policy development, planning, and implementation.

Enabler 2: Reliable, long-term financing and political will for coronavirus disease threat management

Long-term financing and political commitment are critical to sustaining core capabilities and ensuring readiness for future coronavirus disease threats. Countries should institutionalize dedicated funding for coronavirus disease threat prevention, preparedness, response, and recovery, integrated within national health budgets and supported through emergency financing instruments. At the same time, high-level political will is needed to maintain visibility and prioritization of coronavirus disease threats, including through national plans, legal frameworks, and multisectoral platforms.

Enabler 3: Integrated, interoperable data systems and digital tools to support analysis for informed decision making

Reliable data and digital tools are the foundation of timely, evidence-based public health action. Countries should invest in integrated, interoperable data systems that link surveillance, laboratory, clinical care, and immunization data across sectors and levels. These systems should support real-time data sharing, disaggregation by relevant equity dimensions, and linkages to broader digital health architecture to inform risk assessment, policy development, and programmatic adjustments.

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Enabler 4: Adequate, trained public health workforce equipped for sustained coronavirus disease management across core public health functions

A capable and resilient public health workforce is essential to delivering sustained and equitable coronavirus disease threat management. Countries should ensure the availability, distribution, and continuous development of a multidisciplinary health workforce, including epidemiologists, laboratory professionals, risk communicators, logisticians, and community health workers, among many others. Investments should support competency-based training, surge capacity development, supportive supervision, and systems that promote workforce wellbeing, particularly at the subnational and frontline levels.

Call-out box: Equity considerations

The Strategic and Operational Plan for Coronavirus Disease Threat Management applies an explicit equity lens to ensure that the benefits of prevention, preparedness, and response reach all population groups, especially those at highest risk of severe disease and systemic disadvantage.

Member States and partners should identify and prioritize population groups that face barriers to access or are at elevated risk due to factors such as age, sex, disability, comorbidities, socioeconomic status, displacement, occupation, ethnicity, or any other status.

WHO encourages Member States to:

- Use disaggregated data (by sex, age, geography, and social determinants) to guide activity targeting (e.g. microplanning for vaccine delivery);
- Engage communities through participatory mechanisms in the planning and delivery of services;
- Tailor activities to account for the needs of vulnerable populations, including older adults, persons with disabilities, migrants, and health workers;
- Design monitoring frameworks that capture equity indicators such as service coverage among priority use groups and marginalized communities.

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Implementation approach

Implementation of the plan will follow a flexible, risk-based, and Member State-driven approach, recognizing that Member States feature widely varying national contexts and are at different stages of coronavirus disease threat management capacity development. It is designed to complement and support national policies and priorities and interlink with other WHO technical and operational guidance, frameworks, and strategies, as explained in the subsequent section.

Member States are the foundation of sustainable and comprehensive coronavirus disease threat management not only within their borders, but also regionally and globally, through their international and multi-lateral engagements. Member States play several critical roles in advancing the objectives of this plan, notably:

1. **As policymakers**, establishing national policies, frameworks, and mechanisms to prepare for, prevent, and respond to coronavirus disease threats, shaping how public health capabilities are implemented at the country level.
2. **As the technical engines of coronavirus disease threat management**, Member States, specifically their health systems and health and care workers, are responsible for implementing and operationalizing key public health functions, from surveillance and clinical case management, to vaccination and risk communication.
3. **As actors within the multilateral system**, Member States contribute to collective decision-making, data sharing, and coordinated global health security efforts, ensuring coronavirus disease threat is prioritized in the context of broader respiratory threat management and pandemic preparedness efforts.

Implementation of the current plan will need to be tailored to national context, coronavirus disease threat and burden level, and health system development level. Particular attention will be given to low- and middle-income countries and fragile settings where targeted support may be needed to maintain core capabilities and ensure programmatic sustainability.

A variety of stakeholders have roles in supporting Member States to advance sustainable and comprehensive coronavirus disease threat management, each playing a unique role in the global public health ecosystem. To ensure that each can effectively contribute to coronavirus disease threat management, the plan aims to highlight these roles and recognize and leverage the comparative advantages of each stakeholder, as described in the following sub-sections.

World Health Organization

WHO plays a central role in coordinating, guiding, and supporting global efforts to manage coronavirus disease threats. In line with WHO's mandate and comparative advantages, WHO's role spans technical leadership, convening and strategic coordination, evidence generation, risk assessment , and information sharing, and capacity-building across all core public health capabilities.

All three levels of WHO, headquarters, regional, and country offices support Member States, through a coordinated, tiered approach:

- **Headquarters**: Leads on global strategies, technical guidance, norms and standards, monitoring frameworks, resource mobilization efforts, and coordination with partners. This includes maintaining global surveillance platforms (e.g., eGISRS, CoViNet), convening expert networks and groups, developing evidence-based policy recommendations, and providing consolidated strategic, normative, and technical guidance across public health

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capabilities. Headquarters also manages the WHO prequalification process for vaccines, diagnostics, and therapeutics to ensure quality, safety, and efficacy of products for global use.

- **Regional offices**: Translate global guidance to account for regional context and complexities, foster regional knowledge exchange, and support operational planning and monitoring. They also help identify regional priority needs, strengthen cross-border coordination, and facilitate training and peer learning.
- **Country offices**: Support countries to review and align their national plans and policies with the objectives of this strategy and other guidance provided by WHO. This may include technical assistance to update coronavirus threat management plans, conduct national readiness assessments, adapt vaccination policies, and improve data flows for surveillance, response, and programme monitoring.

Through this structure, WHO ensures that global coronavirus disease threat management strategies are responsive to local realities and reinforce national ownership.

WHO's mechanisms of action

To play its role in coronavirus disease threat management, WHO works through the following key mechanisms of action:

- **Leadership, convening, and advocacy**: Advocating for sustained investment in integrated respiratory threat management and aligning global stakeholders through high-level engagement, and convening technical advisory groups to ensure policy and operational decisions are informed by the latest scientific evidence;
- **Norms, standards, and technical guidance**: Developing and disseminating evidence-based recommendations and policy options for all aspects of coronavirus threat management;
- **Technical support and capacity building**: Delivering in-country support, developing training curricula through WHO Academy and OpenWHO, and strengthening national capacity across public health functions;
- **Strategic information and risk monitoring**: Collecting, analyzing, and disseminating epidemiological, genomic, and programmatic data; conducting risk assessments; and supporting data-informed decision-making.

Coordinating WHO's response

The WHO Health Emergencies Programme Global COVID-19 and Other Coronaviruses Programme (GCP) will coordinate implementation of this plan at the global level, in close collaboration with WHO regional and country offices, other HQ programmes, and partners. The GCP will serve as the central hub for tracking progress, identifying emerging needs, supporting cross-regional coherence, and ensuring alignment with broader health security and respiratory disease initiatives, including under the HEPR Framework.

Technical and implementation partners

Technical and implementation partners, including other United Nations and multilateral agencies (notably the Food and Agriculture Organization of the UN, World Organisation for Animal Health, and UNICEF), regional organizations, global health networks, and non-governmental organizations, play a critical role in supporting and delivering public health functions at global, regional, and

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national levels. These partners provide capacity building, technical support, and in-country assistance to strengthen health system resilience and ensure effective public health interventions. They also contribute to operational research, knowledge exchange, and programmatic alignment, helping to translate global strategies into local action. In addition, these partners often play a key role in advocacy and resource mobilization, ensuring sustained investment in coronavirus disease threat management.

Civil society organizations

Civil society organizations (CSOs) play a key role in ensuring coronavirus disease threat management is inclusive, trusted, and responsive to community needs. They help build public trust, improve health literacy, and support uptake of services, including vaccination. CSOs also facilitate community feedback, reach underserved populations, and promote accountability by ensuring interventions reflect local realities.

Research institutions & academia

Research institutions and academia are essential to advancing the scientific understanding of coronavirus diseases and developing new approaches for their management. These stakeholders conduct critical research on virus evolution, transmission dynamics, and host-pathogen interactions, while also supporting the development of new diagnostics, therapeutics, and vaccines. They play a central role in data sharing and rapid knowledge dissemination, ensuring that emerging evidence can be translated into effective public health policies and practices. Building local research capacities is also a critical contribution, supporting sustainable long-term preparedness.

Private sector

The private sector is a critical partner in the development, manufacturing, and deployment of MCMs, including vaccines, diagnostics, and therapeutics. It also plays a central role in digital health innovation, supply chain logistics, and data analytics, which are essential for timely public health decision-making. Effective public-private collaboration can accelerate research, enhance preparedness, and improve the resilience of global health systems.

Communities

Communities are essential to effective coronavirus disease threat management. Their engagement enables early detection, supports uptake of PHSM, and fosters equitable access to care and services. Community actors help ensure that interventions are trusted, contextually appropriate, and responsive to real-world needs. Their participation also strengthens accountability, resilience, and social cohesion, foundations for sustainable prevention, preparedness, and response.

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Interlinkages with other strategic documents

The current plan interlinks with a variety of global technical strategies, strategic frameworks and plans, and resolutions across the broader global health ecosystem. This ensures that global coronavirus disease threat management efforts are aligned, efficient, and complementary to existing strategies. These interlinkages include:

- WHO General Programme of Work 14 (GPW14): Guides WHO's overarching strategy, with direct relevance to the plan specifically on reducing health emergencies, enhancing pandemic preparedness, and strengthening surveillance systems. The current plan directly links into GPW14 strategic objectives 5 (Prevent, mitigate, and prepare for health risks from all hazards) and 6 (Rapidly detect and sustain response to health emergencies).
- IHR (2005) & Amendments: The legal framework governing pandemic threat management, including preparedness and response. The aim and objectives of the current plan align with the core capacities for detection, assessment, notification, and response to public health emergencies outlined under the IHR.
- HEPR Framework: The foundation for WHO's approach to health emergency preparedness, response, and resilience. The current plan is fully aligned with the HEPR Framework, integrating its five core pillars (Collaborative Surveillance, Community Protection, Safe and Scalable Care, Access to Countermeasures, and Coordination) to ensure a comprehensive, systems-based approach to coronavirus disease threat management.
- Pandemic Influenza Preparedness Framework's Partnership Contribution High-Level Implementation Plan III: Guides capacity building for global pandemic influenza preparedness over the next six years (2024-2030). The current plan aligns with HLIP III by supporting sustainable capacity building, integrated surveillance, and enhanced preparedness for respiratory disease threats, including coronaviruses.
- Immunization Agenda 2030 (IA2030): Establishes global immunization priorities, including for COVID-19 and future coronavirus vaccines. The current plan aligns with efforts to integrate coronavirus disease immunization into routine programmes, including its reporting, and ensure equitable vaccine access. The plan specifically interlinks with IA2030 Strategic Priority 4 – Outbreaks & Emergencies.
- Quadripartite One Health Joint Plan of Action: Outlines a cross-sectoral approach to zoonotic diseases, including coronaviruses. The current plan aligns closely with the Joint Plan of Action by promoting integrated, multisectoral collaboration across human, animal, and environmental health sectors to reduce the risk of coronavirus spillover events, enhance early detection, and improve coordinated response to emerging zoonotic threats.
- WHA resolutions: Several WHA resolutions provide an important policy foundation for global efforts related to coronaviruses. The current plan aligns with and advances the following resolutions, in order of applicability:
    - **WHA74.7** – Strengthening WHO's preparedness and response to health emergencies (2021): Emphasizes the need for stronger global health emergency systems and coordinated international action. The current plan aligns with this resolution by reinforcing integrated coronavirus management and sustained health system strengthening.

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- **WHA73.1** – COVID-19 Response (2020): Calls for equitable access to diagnostics, therapeutics, and vaccines, as well as robust global response mechanisms. The current plan builds on these priorities by supporting sustained, integrated COVID-19 management within routine health systems.
- **WHA73.8** – Strengthening preparedness for health emergencies: Implementation of the IHR (2005) (2020): Focuses on building resilient public health capacities and full implementation of the IHR (2005). The current plan directly supports this by enhancing core capacities for early detection, risk assessment, and coordinated response.
- **WHA76.5** – Strengthening the global architecture for health emergency preparedness, response and resilience (HEPR) (2023): Calls for a cohesive, sustainable HEPR approach. This plan contributes by operationalizing HEPR principles for coronavirus disease threats, aligning with global priorities on surveillance, medical countermeasures, and community engagement.
- **WHA66.12** – Pandemic Influenza Preparedness Framework (2013): Establishes the framework for global collaboration on pandemic preparedness, including virus sharing and access to countermeasures. The current plan aligns by promoting integrated, pathogen-agnostic respiratory disease management.
- **WHA75.8** – Strengthening One Health Approaches (2022): Calls for multisectoral action at the human-animal-environment interface. The current plan integrates One Health principles into coronavirus disease management to reduce spillover risk and enhance cross-sector collaboration.
- **WHA75.13** – Global strategy on infection prevention and control (2022): this strategy aims to address IPC programmes and measures in any setting where care is delivered across the health system including during (and in between) epidemics
- **WHA70.13** – Review of the Pandemic Influenza Framework (2017): Emphasizes the need for improved preparedness for respiratory pandemics. The current plan builds on this by supporting integrated, cross-pathogen management of respiratory threats, including coronaviruses.
- **WHA77.7** - Strengthening laboratory biological risk management: Focuses on biosafety, biosecurity, and the safe handling of high-risk pathogens. The current plan aligns by emphasizing secure laboratory systems as critical for early detection and response to coronavirus disease threats.
- **WHA67.20 –** Regulatory system strengthening for medical products (2014): Calls for stronger national regulatory systems to ensure access to quality, safe, and affordable medical products. The current plan supports this by promoting regulatory readiness for coronavirus-related vaccines, diagnostics, and therapeutics, aligned with WHO prequalification and global standards.

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Monitoring and evaluation

Robust monitoring and evaluation (M&E) processes are essential to measuring progress toward the current plan's aim and strategic objectives, in order to inform timely course correction when needed. The current plan includes mechanisms for periodic review and continuous learning, enabling Member States, WHO, and their partners to adapt strategies based on emerging evidence and evolving risk.

Implementation progress will be tracked periodically through a set of key indicators aligned with the strategic objectives outlined here, across each core public health capability, supported by national, regional, and global reporting systems.

The specific objectives of the M&E activities under the current plan are to:

- Monitor and report on country and global activities to sustainably and comprehensively manage coronavirus disease threats, integrated with broader respiratory disease prevention and control programmes.
- Document WHO's support to Member States to support coronavirus disease threat management; and,
- Promote sharing of lessons learned, and enhance transparency and innovation amongst Member States and partners.

Approach

The M&E framework for the current plan is a collaborative initiative among stakeholders, driven by WHO's global and regional emergency management support teams (EMSTs). The M&E framework incorporates a combination of country-level indicators, WHO milestones consolidating WHO's contributions, and narrative case studies to complement existing financial monitoring, stakeholder coordination and feedback mechanisms.

Throughout implementation of current plan, periodic reviews will be conducted to ensure the appropriateness and suitability of the reporting and monitoring approach. Based on these periodic reviews, adjustments to the M&E framework may be made, as necessary.

Data collection, management, and validation

Data for the M&E framework will be drawn from a variety of sources, including national, regional, and global reporting systems, programmatic data flows, and dedicated assessments. Wherever possible, existing data streams will be leveraged to reduce reporting burdens on Member States and improve data quality and consistency. This approach will minimize duplication of effort, streamline reporting processes, and ensure that indicators reflect the most accurate and timely information available.

When and where possible, data disaggregated by age, sex, geography, and social determinants of health (e.g. income, disability status, migration status) will be collected, as reflected in the indicators below.

Data will be validated by designated focal points at the source level, with logical checks performed by the WHO GCP team to ensure consistency, accuracy, and completeness. WHO will continuously monitor data quality, with periodic audits to confirm the reliability of reported metrics. Data will be integrated into WHO's modern data architecture, supporting efficient analysis and decision-making.

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Key indicators

[To be added]

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